

CHILD'S CASE NUMBER: \_\_\_\_\_

**Kinship Care Comprehensive Assessment**

*(to be completed within 30 days of placement)*

<b>Case Name:</b>	<b>County Case #:</b>	<b>Date:</b>
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**CAREGIVER'S NAME (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

Y/N	Requirement	Indicators	Comments/Service Delivery
	1. Caregiver has a strong, quality relationship with the child(ren)	Bonding/attachment is observed in 1:1 relationship between the caregiver and each child during visits. Caregiver demonstrates commitment to the child in responding to child's needs.	
	2. Family is able to provide a nurturing environment for the child.	Recognizes needs of child(ren) and places priority appropriately. Demonstrates caring/nurturing verbally and behaviorally.	
	3. The caregiver has a relationship with the parent that will allow the placement to succeed and the permanent plan to be achieved.	Parent prefers or is satisfied with this placement. Caregiver is able to recognize the needs of the parent and can set appropriate boundaries with the parent. Caregiver is cooperating with the visitation plan.	

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Y/N	Requirement	Indicators	Comments/Service Needs
	4. The family dynamics in the kinship home will support the child(ren)'s recovery from abuse or neglect.	Caregiver is supportive of the child's recovery process. Tried to protect child if maltreatment was known. Disciplinary methods used with the placed child(ren) have been appropriate.	
	5. The caregiver is willing and able to cooperate with the agency.	Follows policies, procedures, recommendations of agency or constructively engages with agency staff about needs for difference.	
	6. The family accesses existing supports to strengthen the family unit.	Caregiver can identify and access formal and informal support network, follows through with agency referrals, and cooperates with service providers. Works in partnership with agency and provider to identify developmental needs of child and appropriate interventions.	

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	7. Caregiver has the willingness and ability to meet the needs of the other members of the household	Discuss financial and emotional impact of caring for placed child(ren). Offer assistance as appropriate. Discuss other children's functioning at school. Discuss emotional and physical health of members of household, including caregiver.	
	8. Caregiver's health status will permit kinship care parent to care for child(ren)	Self-report. Discussion of relevant health issues. Verification by MD if appropriate.	

Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Worker's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver's Signature: \_\_\_\_\_ Social Work Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_

Social Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_